



faith † community † education

# *St. Dominic School*

*2005 Merton Avenue • Los Angeles, CA • 90041*

*(323) 255-5803 • [www.stdominicla.us](http://www.stdominicla.us)*

## **K - 8 Admissions Information for 2019-20 School Year**

### **OPEN HOUSE & TOURS**

- Wednesday, December 5, 2018 and Thursday, February 7, 2019, 9:00 – 10:00 a.m.
- Sunday, January 27, 2019, 10:00 a.m. - 12:00 p.m.
- Tours are also available during the school week. Please call the school office, 323-255-5803, to make an appointment.

### **ASSESSMENT**

Every student applying for grades K through 8 must take an entrance assessment. Assessments for Kindergarten will be held on school days, at 3:00 p.m., by appointment, beginning February 19, 2019. Assessments for grades 1-8 will be made by appointment. **Please call the school office, 323-255-5803, to make an appointment.**

### **DOCUMENTS NEEDED**

- Copy of Birth Certificate
- Copy of Baptismal Certificate & First Communion Certificate (if applicable)
- Immunization Record
- Copy of latest Report Card (Grades 1-8)
- Copy of latest Standardized Testing Results (Grades 3-8)
- Authorization for Release of Records (Grades 1-8)
- Academic/Character Reference Form

Completed applications with all the necessary documents must be returned to the school office as soon as possible. Priority applications are due February 22, 2019. No application will be processed until all the documents are presented. Applications will be evaluated after the assessment has been completed. Letters of acceptance will be mailed in mid-March.

Contact the school office for more information on tuition and fees.

Please note:

- Kindergarten applicants must be five years of age on or before September 1, 2019. **No exceptions will be made.**

***Thank you for your interest in St. Dominic School!***





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## ADMISSION APPLICATION FOR GRADES K-8 2019-2020 School Year

FAMILY/PARENT'S LAST NAME \_\_\_\_\_ APPLYING FOR GRADE (Sept 2019) \_\_\_\_\_

### STUDENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	
NICKNAME		BIRTHPLACE		DOB	AGE      SEX (M/F)
HOME STREET ADDRESS		CITY	ZIP CODE	HOME PHONE NUMBER	
RELIGIOUS EDUCATION ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION			

### FAMILY INFORMATION

FATHER'S LAST NAME	FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION	WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
MOTHER'S LAST NAME	FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION	WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
IF DIVORCED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?				

**Student lives with:**    \_\_\_ Both natural parents    \_\_\_ Mother only    \_\_\_ Father only  
                                  \_\_\_ Mother/Stepfather    \_\_\_ Father/stepmother    \_\_\_ Guardian

### PREVIOUS SCHOOL(S) ATTENDED

NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO

For Office Use:    Assessment Date: \_\_\_\_\_    Registration Fee: \_\_\_\_\_

Name and grades of other children applying and/or already enrolled in St. Dominic School:

NAME

GRADE

NAME

GRADE

**STUDENT SACRAMENTAL INFORMATION**

BAPTISM DATE	CHURCH	CITY	STATE
1ST COMMUNION DATE	CHURCH	CITY	STATE

Are you registered in St. Dominic Parish?  YES  NO Date registered \_\_\_\_\_ Sunday Envelope Number \_\_\_\_\_

If no, are you registered in another parish?  YES  NO If yes, name of parish: \_\_\_\_\_

Have you been active in St. Dominic Parish  YES  NO

In what capacity?

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Why do you want your child to attend St. Dominic School?

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Please add any information which might be pertinent in helping us evaluate this application:

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How did you hear about St. Dominic School?

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## AUTHORIZATION FOR RELEASE OF RECORDS

**THIS WILL AUTHORIZE THE RELEASE OF INFORMATION FROM:**

**(Current School's Information)**

**School Name:** \_\_\_\_\_

**Schools Address:** \_\_\_\_\_

**TO RELEASE ANY:**

**Educational Information**

**Psychological Testing**

**REGARDING:**

**Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**TO: St. Dominic School**

**2005 Merton Ave.**

**Los Angeles, CA 90041**

**The authorized signer of this document agrees to allow conversation between all parties involved in the treatment of this client.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**





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## Academic/Character References

**TO THE PARENT:** As part of the admissions process at St. Dominic School, we must receive a candid assessment of the applicant. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail it directly to St. Dominic School.

### NAME OF APPLICANT

\_\_\_\_\_

FIRST

MIDDLE

LAST

Candidate for Grade: \_\_\_\_\_ in September 2019

**SCHOOL:** St. Dominic School 2005 Merton Ave. Los Angeles, CA 90041

**TO THE TEACHER:** Thank you very much for your assistance. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form to the attention of *Admissions at St. Dominic School* as soon as possible.

### ACADEMIC ASSESSMENT

	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance in school				

**CHARACTER ASSESSMENT**

	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				
Respectful attitude to faculty				
Ability to work with others				
General Conduct				

Please feel free to note additional strengths, areas of growth, or other information.

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Please check applicable:

- Parents/Guardians meet financial obligation
- Parents/Guardians have difficulty meeting financial obligations
- Parents/Guardians fail to meet financial obligations
- Parents/Guardians support school sponsored activities
- Parents/Guardians do not support school-sponsored activities

Form Completed by:

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
CONTACT PHONE #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY)